662-456-4229

2011 ELECTION CYCLE

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Signature of Candidate 1/5/12

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et, seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$80 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative affices should return form to Secretary of State, Elections Division, F. O. Box 136, Jackson, MS 38205 or fax to 601-355-1493 or 601-578-2819.

2. Cayalidates for county-vide and county district differs should return forms to their county Circuit Clinic.

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Name of Candidate or Committee _	Gregory for Sente
	through Dec. 31, 204

ITEMIZED RECEIPTS

A. Source:	Date (Mo., Day, Year)	Amount of each receipt
Full name		this period
Mailing Address Mailing Address	11/4/11	2.50.00
118 E 18th St. Apt. 1A		\$
City, State, Zip Code		\$
Name of Employer (Required)		
- Kurt Solco-		\$
B. Source: Corporation PAC Individual Loan	Aggregate year-to-date	\$
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Ron Adzina Maillag Address	114111	\$ 1000.00
Mailing Address 415 Greenwick St.		\$
New York, NY 10013		\$
Name of Employer (Roquired) Cantor Integeral		\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Gray Ankle	11/4/11	\$ 500.00
Page 1330		\$
City, State, Zip Codo City, State, Zip Codo S 8 80 2 Name of Employer (Required)		\$
Phelos Durbon		\$
Occupation (Required)	Aggregate year-to-date	S
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Bub Buryles	11111	\$ 1000.00
Po Bu 34		\$
City, State, Zip Code Van Vier , W. 38877		\$
Name of Employer (Required) Brooks Carton Sprace		\$
Occupation (Required)	Aggregate year-to-date	\$

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ITEMIZED DISBURSEMENTS

Baldwin + ASS	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 438 E. Main St. City, State, Zip Code	10/31/11	3000.00
City, State, Zip Code Tupelo US 38801		\$
Purpose of Disbursement (Optional) ALS	Aggregate Year-to-date	S
B. Full name Bob Gregory Malling Address	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address		s
City, State, Zip Code		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
C. Full name Mac's Tires Mailing Address	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 11 2 3 W. Main	12/8/11	\$ 879.43
City, State, Zip Goge		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	5
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		S
City, State, Zip Code		S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, Stats, Zip Code	_''_	S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_'_'_	\$
City, State, Zip Code	_'_'_	s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S